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STRATEGY RESEARCH PROJECT

THE STRATEGIC USE OF THE US ARMY VETERINARY SERVICE IN HCA/TCA OPERATIONS

BY

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ABSTRACT

AUTHOR: Charles E. Pixley (LTC), USA

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The US Army Veterinary Service is the Department of Defense Executive Agent for Veterinary Services. The Veterinary Service has responsibility for the medical care of all government owned animals, food safety and quality assurance and prevention of zoonotic disease spread worldwide. This study traces the development and evolution of Humanitarian Civic Assistance and Traditional CINC Activities missions. The Veterinary Service's capabilities in these type of actions and what Veterinarians can do to improve the infrastructure of a nation where they are deployed are examined. The problem of why the Veterinary Service is not routinely included in the planning process is researched. Solutions which will bring the Veterinary Service into the geographic CINC's planning process are presented.

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Introduction

The Department of Defense Directive 6015.5 designates the US Army Veterinary Service (VS) as the Department of Defense Executive Agent for Veterinary Services. The responsibility to provide veterinary medical support to all branches of the US Armed Forces and all other branches of the federal government rests with the men and women of the Veterinary Corps. Veterinary medical support includes many diverse mission areas. The animal medical care mission is comprised of zoonotic disease control, veterinary care to DOD-owned animals, care of indigenous animals (when authorized), inspection of animal feed for wholesomeness and quality, and veterinary laboratory support. The VS also has a food safety mission which includes inspection of all subsistence received, stored, and issued in the theater following a WMD attack and inspection of facilities supplying storing and issuing subsistence items. The question of strategic use of the US Veterinary Service in Humanitarian Civic Assistance has been debated amongst the US Army Veterinary Service leadership for many years. The Army Veterinary Corps Chief has traditionally wanted to control these missions from the Army Surgeon General's office. COL Gary Stamp the current Commander of the US Army Veterinary Command addressed the Veterinary Service's role in

Humanitarian Civic Assistance in a US Army War College Study Project, Army Veterinary Service in Low-Intensity Conflict.¹ COL Stamp reviewed the veterinary service role in support of counterinsurgency and support of the fledgling democracies in the Western Hemisphere. His primary focus was in Latin America. This Strategic Research Project uses COL Stamp's project as the starting point. Since COL Stamp published his paper in 1992, the US Army Veterinary Service has become much more proactive in the Humanitarian Civic Assistance (HCA) arena attempting missions in other areas of the world. Veterinary officers and enlisted soldiers are assigned to units (Medical Detachments) in USFORSCOM, in the Medical Command and USASOC. These units are designed to support operations which have been planned and flow through the Commander-in-Chief (CINC) Surgeon's office. The CINC Surgeon is responsible to coordinate and plan medical operations in the AOR. The supporting commands provide the veterinary assets as requested by the supported CINCs medical planners and J3/J5 staff. The units are available to support any HCA or HA operation as needed for any Unified Combatant Commander. The central premise of this work is to research and determine if, historically, the Unified Combatant Commands have not appreciated

the capabilities of Forces Command Veterinary Units or Special Operations Command veterinary assets to contribute to the success of HCA/TCA missions in their AOR. Evidence to support that thesis will be provided through review of the history the US military in HCA/TCA activities and the US doctrine that lead to the US military performing HCA/TCA operations. The veterinary service and the capabilities that they bring to HCA contingencies are discussed. The unique skills Veterinary Officers, Warrant Officers and enlisted soldiers bring to HCA operations are also illustrated. Several different HCA operations are reviewed to give credence to the premise that veterinary soldiers have the essential skills needed to support the US Security Strategy of Engagement and Enlargement. An attempt is made to determine, historically, why veterinary officers, warrant officers and enlisted soldiers and were not included in the CINC surgeon's HCA/TCA operational plans on a regular basis. Also, the changes that have taken place to promote the increased utilization of FORSCOM veterinary units for these missions are reviewed. A solution or solutions that will bring the veterinary service into the planning process for these operations routinely is proposed.

Strategy Development Overview

President Clinton's National Security Strategy of Engagement and Enlargement (NSS) has as its objective enhancing our security, promoting prosperity at home and promoting democracy. The strategy states that in order to advance these objectives, "we must remain engaged in the world through US leadership, with our national security strategy based on enlarging the world community of secure, democratic and free market nations. Overall, this makes the world a safer and more prosperous place and in so doing directly advances our interests."² The security strategy of engagement and enlargement has as its cornerstone the responsibility to maintain a strong defense. The United States must be able to deploy a defense force that is flexible enough to accomplish many tasks and missions. One of these missions as stated in the NSS is "Counterterrorism, Fighting Drug Trafficking and Other Missions."³ The NSS further states that "US military forces and assets are frequently called upon to provide assistance to victims of floods, storms, drought and other humanitarian disasters. Both at home and abroad, US forces provide emergency food, shelter, medical care and security to

those in need."⁴ The NSS implies that these actions are Humanitarian Assistance operations (HA) and Humanitarian Civic Actions (HCA) and relegate the responsibility to perform these operations, both at home and overseas to the US military. This paper focuses primarily on HCA operations and the use of the US Army Veterinary Service soldiers as a strategic force to enhance the enlargement and engagement strategy.

The Joint Chiefs of Staff developed the National Military Strategy of the United States of America (NMS) based upon the NSS. Peacetime Engagement is one component of the NMS. Peacetime engagement is defined as "a broad range of non-combat activities undertaken by our Armed Forces that demonstrate commitment, improve collective military capabilities, improve democratic ideals, relieve suffering, and in many other ways enhance regional stability."⁵ The NMS further states that the US military can offer unique capabilities in terms of logistics (transport, supply, and distribution), communications, and security in Humanitarian Operations. The NMS does not define the entire scope of HA operations but other Joint Publications are more specific about what HA is, the specific tasks involved in HA, and the personnel that perform the missions.

Joint Publication 3-0 defines HA as programs conducted to relieve or reduce the results of natural or manmade disasters or other endemic conditions such as human pain, disease, hunger, or privation that might present serious threat to life, or that can result in great damage to and/or loss of property. Humanitarian assistance provided by US forces is limited in scope and duration.⁶ Using US military forces in peacetime engagement can reduce the local or regional threat of violence, keep the situation below the level of armed conflict, and helps to maintain US influence in the area. A key part of the Joint Chiefs definition of HA is that our involvement supports the host nation's civil authorities and agencies that are responsible to provide the services. The US military forces do not provide the sole support to a nation, they only support that nation's effort. Joint Publication 3-07 states, "The Department of State or the US ambassador in country is responsible for declaring a foreign disaster or situation that requires HA."⁷

There are generally three types of HA operations: (1) those coordinated by the United Nations, (2) those in which the US acts with other multinational forces, and (3) those in which the US acts unilaterally. Joint doctrine (Joint Pub 3-07, Joint

Doctrine for Military Operations Other Than War) further states that Humanitarian and Civic Assistance (HCA) are part of a program called Nation Assistance. These type operations are deliberately planned rather than conducted as emergency relief. HCA operations are provided for under Title 10 US Code Section 401. Title 10 states that HCA programs are conducted in conjunction with military operations and exercises and must fulfill unit training requirements that will create humanitarian benefit to the local populace. There are usually four types of HCA operations: well drilling and construction of basic sanitation facilities; construction and repair of public facilities; construction of rudimentary surface transportation systems; and medical, dental and veterinary care provided in the rural areas of the host nations. The doctrine for health service support in joint operations further defines the responsibility for health service support (HSS). Joint Pub 4-02 states, "Geographic combatant commanders are responsible for coordinating and integrating HSS within their theaters. A joint force surgeon should be appointed for each combatant command, sub-unified command, and joint task force. The JFSS need to assess component command HSS requirements and capabilities, both quantitatively

and qualitatively, and provide guidance to enhance the effectiveness of HSS through shared use of assets."⁸ The joint doctrine also states that, "The Army veterinary service provides support to all component commands, including: ...when authorized, veterinary care for animals of local indigenous personnel in conjunction with medical civic action and civil affairs programs conducted by the Service components."⁹ The geographic combatant commander should ensure, through coordination with the IFS or component command surgeon, that the mission statement of the HSS organization clearly supports the HA/HCA operation.

US Army doctrine also explicitly defines Military Operations Other Than War (MOOTW). The doctrine states who is responsible to conduct the operations. The Army defines MOOTW as operations in two states: peacetime and conflict. Peacetime is a state when diplomatic, economic, informational, and military powers are used to achieve national objectives. Peacetime is the preferred state and therefore, how well the Army performs its mission during the peacetime state is essential to our national interests. The Army's responsibilities in peacetime are as important as its role in conflict. Army commanders deter internal or external threats by conducting routine peacetime and non-hostile activities. The

Unified Combatant Commander may use Army forces to carry out activities such as peace support operations, nation assistance activities, disaster relief and HA, as well as combat missions. The CINCs must continually assess their regions to identify the strategic situation requiring military forces for non-combat missions.¹⁰ The Army doctrine goes further by stating that peacetime operations include such missions as security assistance, nation assistance, search and rescue and others. FM 100-7 states that nation assistance programs promote stability and orderly progress, thus contributing to the prevention of conflict. Army doctrine expands HA to include operations such as refugee assistance, food preparation and distribution programs, medical treatment and care, damage assessment and control, forensic identification, maintenance of law and order, re-establishment of communications networks, and sanitation/water facilities.¹¹ FM 100-16 states that the US Army veterinary service provides support to all component commands and further states that the Veterinary Service perform full veterinary medical care for animals owned by local indigenous personnel in conjunction with medical civic action and CA programs.¹² The Army doctrine is clear and programs veterinary assets the same

way as the Joint doctrine. However, Army doctrine does not use a separate term for Humanitarian Civic Actions but includes these missions in the broader term HA.

Since the fall of the Soviet Union the threat from a superpower has given way to concerns for environmental nationalism and many nations are trying to sort out their place in the world. Economic and political power has become more important than military power. "The military instrument of national power will remain relevant, but it will have to be closely integrated with political and economic instruments to be effective."¹³ The Unified Combatant Commanders have to realize that HCA operations have the potential to ease tensions, and unrest that would contribute to lasting peace in their AOR. Historically HCA operations have not included medical personnel and certainly not veterinary service personnel. COL Ronald M. Smith proposed HCA objectives for USCENTCOM when he wrote, "The program's objectives would be to contribute to the assisted nation's internal development, thereby arresting or eliminating conditions conducive to an active or violent insurgency."¹⁴ This type program should contribute to the CINC's overall strategy of engagement and enlargement. The Goldwater-Nichols Act states

that the CINC must clear these missions through the National Command Authority (NCA) and they should be fully coordinated with Host Nation country team.

COL Charles Hardin Hood wrote, in Military Medicine, that medical programs can be used as an effective and inexpensive tool for the US to succeed in HA/HCA operations. Timely and properly conducted operations may forestall a combat situation.¹⁵ He also states that these exercises must serve US interests and require support and assistance from the other corps and agencies.¹⁶ The most important part of that article is where COL Hood discusses the command and planning relationships between the line commanders and medical commanders.

"Medical commanders may be subordinate to line commanders, but they must have the ear of those commanders. They must be strong voices in all planning and have the latitude to manage medical affairs. They must not be subservient to the staff officers. This must be understood by all branches and corps."¹⁷

He also pointed out that the husbandry of domestic animals as a target of the medical HCA operations. He states that, "Animals are not only essential to the economy, they form a source of food. They live with, contaminate the food and water of, and

share their diseases with, the population."¹⁸ The statements from these experts and military doctrine support the thesis that the veterinary service should be considered an important part of these type operations. The Veterinary Service leaders should play an important role in developing the CINC's strategy for medical operations in the AOR, as well.

The NSS, NMS, Joint and Army doctrine, all define and direct that under the umbrella of Peace Operations, the US military will conduct and support nations who are in need of humanitarian civic assistance. HCA operations are now and will continue to be a big part of the military strategy. Nation assistance missions and training have increased in all Unified Commands. General George A. Joulwan wrote, "The primary role of SOUTHCOM is to support US ambassador-developed country plans and to achieve US regional interests."¹⁹ In order to achieve his strategic vision, "of a community of free, stable and prosperous nations throughout the Western Hemisphere,..."²⁰ General Joulwan, a former USSOUTHCOM CINC developed a strategy that emphasized forward presence operations geared to peacetime engagement. One of the dynamic instruments employed in that theater was medical deployments. Medical readiness training exercises (MEDRETEs) are used because

they have an immediate direct effect on the lives of the local populace. MEDRETEs provide US medical assets with the opportunity to train in a HN environment as individuals and as units. The HN usually provides deployment areas that have little or no medical capabilities. The environment provides situations and diseases rarely seen in CONUS. MEDRETEs take many forms, as Mobile Training Teams, subject matter expert exchanges, medical deployment for training, and many others. The MEDRETE can and usually does include dental training exercises, veterinary readiness training exercises, immunization training exercises, medical training exercises and preventive medicine instructional programs.²¹

Veterinary Capabilities and Expertise

Military doctrine and US Code, Title 10, direct that the veterinary service is used in HA/HCA operations. What are the capabilities and expertise that the Veterinary Service brings to these operations? Department of the Army, FM 8-42, Medical Operations in Low Intensity Conflict, uses old terminology to define peace operations or HCA missions, however, it clearly

defines the capabilities that the US Army Veterinary Service should and does bring to these operations. The FM states the veterinary service can contribute to the success of the Medical Operations in Low-Intensity Conflict (MEDOLIC) mission objectives by helping to improve the public health of the population with such programs as: immunizations for zoonotic diseases; public health and sanitation training; and training in food hygiene, safety and inspection techniques.²² There is a definite interrelationship between the human and animal health of a country where an HCA exercise might take place. In most countries the livestock animals have a direct effect on the economy and the public health of the people. FM 8-42 states, "The care and immunization of these important resources merit attention in the planning and resourcing of HCA operations."²³

The veterinary service participation in HCA/TCA must be thoroughly coordinated with the country team. There should be a complete interagency coordination effort, that is, the operation should be coordinated with Department of State, USAID, the US Department of Agriculture, and the HN counterpart officials. The veterinary service programs must be well-developed and have the potential to impact across the entire public health spectrum of

the HN. These operations should be based upon a problem that the HN has and that the veterinary service can impact. As an example, if the local livestock is diseased or laden with parasites, the US Veterinary Service could rid the animals of the disease and parasites. This disease control would improve the producer's herd and have a significant impact on the local producer's production. Added production would increase the amount of meat in diet of the population and that would significantly improve their protein intake. The combination of these actions would improve the HN standard of living. Therefore, the veterinary operations are directed at a problem that will impact the HN standard of living and allow the HN officials to continue the action after the US military departs.

Veterinary HCA/TCA Operations

The Veterinary Service mission in HCA/TCA Operations is to provide veterinary (animal health and food inspection) services to help the HN to improve its animal health and food producing infrastructure. The improved infrastructure will lead to a

better diet and improved health within the human population. It is therefore necessary to review of some of the most recent Veterinary operations that illustrate the Veterinary Service capabilities and how valuable the veterinary service is to the overall strategy of engagement and enlargement.

The first major change that occurred which improved the Veterinary Service's ability to perform HCA/TCA operations was after Operation Desert Storm. The Veterinary Service restructured veterinary TOE units from the European Theater to Forces Command. This restructuring supported the National Military Strategy of a power projection Army used for engagement and enlargement from CONUS. The veterinary assets became more available to deploy from CONUS. FORSCOM veterinary personnel increased from twelve (two small detachments) to 123 personnel (two large, two small detachments, and one veterinary hospital). A second major change occurred at FORSCOM. The CINC agreed to provide a veterinary O-6, colonel, authorization as a staff officer in the surgeon's office. This was the first major non-AMEDD (Army Medical Department) TOE structure to have a veterinary officer assigned to their surgeon's staff. This officer was concurrently assigned to USACOM as the veterinary

staff officer. These moves generated immediate results. Prior to this most HCA/TCA missions were traditionally focused on Corps of Engineers building projects. One of the first missions in the Caribbean area was conducted in August 1995, in Haiti. The 94th Medical Detachment (Veterinary Medicine) successfully executed "Operation Maddog" during the 1995 Fairwinds exercises. The objective was to establish an immune barrier in the domestic animal population of Port au Prince to prevent the spread of rabies to the human population. Over 20,000 domestic animals were vaccinated in a two week period. This mission was a great success and because of it other HCA/TCA operations were planned and conducted. There was a basic change in these missions, however. The Veterinary Officers in the USSOCOM Civil Affairs Battalion were utilized to conduct on site assessments and try to coordinate mission planning with the Host Nation government public health officials and the Military Liaison Officer from the Ambassador's staff.

One of the missions was in July and August, 1996, the Third Veterinary Service Support Squad (VSSS) of the 248th Medical Detachment and the 520th Theater Army Medical Laboratory deployed to Trinidad, West Indies. This team provided training in rabies

diagnosis, food residue analysis and expanded the original food safety portion of the mission to include Hazard Analysis and Critical Control Points (HACCP) system to ensure a safer food supply. The HACCP trainers taught local public health officials at which step in production foods could be contaminated. They also taught them how to eliminate or control the contamination. This type of training ultimately provided HN officials with critical information they needed to improve their country's public health. The point of this is that HACCP training was not included in the tasking order until the day before the team departed. HACCP was put on the order as a result of the veterinarians determining what was needed in the HN country. These actions are the norm rather than the exception and demonstrate a weakness in the VETRETE planning cycle at the CINC Surgeon level. Generalized plans should be worked out in an overall strategy that leads to missions being conducted on a recurring basis. The CINC surgeon did not coordinate well with the country team and the ambassador. In spite of the lack of pre-deployment planning the team conducted the training and transferred the equipment. All the training and equipment provided was needed and appreciated. These actions will have a

significant impact on the population of these countries for years to come.²⁴

A similar mission was conducted by the 73rd Medical Detachment in Grenada, during August and September 1996. This mission focused on providing veterinary service support in a civil-military environment (the definition of HCA). The veterinary personnel conducted zoonotic disease surveillance, laboratory diagnostic procedures training, re-established the state run rabies diagnostic laboratory, and initiated a national brucellosis/tuberculosis surveillance program. The highlight of this mission was the diagnosis of rabies in a cat that had bitten a little girl. The girl's life was saved due to the quick diagnosis and treatment. The case was the first confirmed case of rabies on Grenada in over 20 years. The Grenadian government laboratory lacked the proper diagnostic equipment and trained personnel to perform the tests and therefore had not been able to diagnose the disease. This operation developed teamwork that will pay great dividends in the future for the people and Government of Grenada as well as the soldiers from the veterinary service.²⁵ The public health officials in Grenada received training that will improve the overall health of their people.

The rabies diagnostic laboratory will dramatically improve their ability to control the rabies epidemic on that island. US personnel received deployment experience, they practiced their wartime mission and got to use field equipment that could not have been used in garrison.

Another good example of the way that veterinary HCA missions are planned is the following: COL James R. Heil, Commander of the Pacific Regional Veterinary Command, traveled from Ft. Shafter, HI, to Bangladesh and conducted a planning conference that initiated a HCA/TCA mission to that country. The USARPAC (COL Heil is USARPAC veterinarian as well) made the initial contact with the Bangladesh Army through the Defense Attaché at the American Embassy in Dhaka.²⁶ The USPACOM staff was not aware of a need for this type veterinary mission and had not included it in their overall HCA strategy. This exercise, the first held with medical units of the Bangladesh military, took place in August 1995. There was tremendous good will generated and the highest military leaders in the HN recognized the importance. The AAR stated that the experiment was a success, the HN government recognized it as important and follow-up exercises

should be conducted on an annual basis. The veterinary service conducted the second annual exercise on 10-19 November 1996.²⁷

A final example of the Veterinary Service contribution to HCA/TCA operations is the 43rd Medical Detachment's mission to Bolivia this past September. The FORSCOM Veterinarian spearheaded this mission by proactively working with the USSOUTHCOM Surgeon's office to coordinate and deploy the proper veterinary service to the AO. This mission demonstrated the diversity of the Veterinary Service. Participants evaluated the preventive medicine program, malaria control, field sanitation, training as well as herd health management for the Bolivian Army at two different locations. The team made recommendations for possible equipment donations to the Bolivian Army. They provided equipment, training and expertise in all areas of public health and veterinary medicine. The team also recommended that these missions be followed up and that Bolivian personnel should be trained in CONUS.²⁸

These examples are just a few of the many varied and important resources that the Veterinary Service can provide to the regional CINC. The degree of success is evident by the number of Host country requests for veterinary HCA/TCA missions.

Return missions provide sustainment to the laboratory diagnostic training and re-supply of reagents and equipment. The formula for the success of these missions is deliberate detailed planning, use of Reserve Component veterinarians and the correct matching of manpower resources to in-country requirements. They demonstrate the value and capabilities that the Veterinary Service has in the overall military strategy of engagement and enlargement.

The Problem

There is a deficiency in the CINC Surgeon's planning process. All of these examples were driven by the Veterinary Service leadership and there was little input from the medical planners to include the Veterinary Service in or develop missions which feature the Veterinary Service. The Veterinary Service should be included in these missions because they have the capabilities and because the Veterinary Service can contribute greatly to the good will and improved relationships of the HN countries. Contacts with USACOM, USSOUTHCOM and USSOCOM revealed no written plans that included veterinary support to HCA/TCA

operations in their AO. The USSOCOM Command Surgeon has an OPLAN which asks questions about Veterinary Support. The fact that there are no standing plans for veterinary employment in HCA/TCA operations is a serious deficiency. Another part of the problem is that most if not all of the operations that the Veterinary Service is involved in are driven by fiscal considerations at the supported CINC level. That is, the CINC is given an amount of money that is earmarked for HCA/TCA operations each fiscal year. The CINC must decide how to use that money. Supported CINC medical planners tell the supporting CINC that they need to develop missions to use the available funds. Then it is usually up to the veterinary officer at FORSCOM, USSOCOM or USPACOM to develop missions in their AO which will expend all the funds. This is not the way to plan for and use US military veterinary capabilities most efficiently. Another shortfall in this process is the overall lack of coordination with the HN agencies responsible for improvement of animal health and agricultural output. In most cases the US has sent Veterinary teams into an AO with the understanding that they were to perform one kind of service when the host nation officials expected another type of service. This lack of coordination leads to equipment

shortfalls, delays in getting the proper personnel into the AO and even mission cancellation. There does not seem to be proper coordination between the CINC Surgeon and any Private Volunteer Organizations/Non-governmental Organizations (PVQs/NGOs) within the HN. This is a very important link in determining the type of services that need to be performed when deployed to a HCA/TCA mission.

The Veterinary Service itself cannot shift all the blame for lack of inclusion in CINC plans to others. On several occasions in the past the Veterinarians failed to brief the geographic CINC on the VS capabilities and failed to obtain even the approval to perform the missions. This is a persistent problem within the Veterinary Service. The focus for mission planning must rest with the USFORSCOM/USACOM staff veterinarian. He/she must coordinate the mission with the CINC Surgeon's staff and provide the proper personnel for the mission. The Veterinary Corps Chief/DOD Veterinary Activity within the Army Surgeon General's office cannot plan and execute these missions without coordinating with the CINC as has been done in the past. What has to be overcome is the notion that the Veterinary Service role in these missions is peripheral. The Veterinary Service role is

integrally important, and their skills and experience can contribute immensely to the overall value that HCA/TCA missions contribute to the National Military Strategy.

Solutions

Education of the CINC and Joint Planning Staffs regarding the capabilities, forces and expertise that the Veterinary Service can contribute to the HA/HCA/TCA arena is the area that can lead to the fastest and greatest improvement. At the present time, the level of involvement by Veterinary personnel in planning HCA/TCA operations is purely personality driven. If the VETCOM Commander, the Army Component Command Veterinarian, the FORSCOM Veterinarian, or a large TOE Veterinary detachment commander are proactive and seek veterinary involvement, then the Veterinary Service is included or may be given the lead in a mission. Standing plans which include the Veterinary Service assets in support of or in charge of HCA/TCA operations must be developed. The CINC Surgeon must first understand the Veterinary Service capabilities and then coordinate with host nation officials to determine the type of services needed. The

Preventive Medicine Officer is the person on the CINC Surgeon's staff that must coordinate the Veterinary missions with the Medical Operations Officer. At present most education in the HCA/TCA arena falls on company grade officers, who are normally the Group Veterinarians within the SOF community or Civil Affairs Battalion Staff Veterinarians. Most company grade officers do not have the expertise, nor the experience to deal with planners at the USASOC, USACOM, or the USSOUTHCOM level. No CINC Surgeon's staff has a veterinary staff officer authorization. To assign a VCO to the Surgeon's planning staff sounds like a simple solution. However, current manpower restraints and what are sure to be further cuts resulting from the Quadrennial Defense Review, will make it even more difficult to obtain authorizations from DA for these positions. The Veterinary Service end strength is also inadequate to provide faces to the spaces even if the authorizations are obtained. One alternative is to dual-hat the Regional Veterinary Command Commanders located closest to the geographic CINC HQ as the CINC Surgeon Staff Veterinary Officer. Since that person may not be co-located at the CINC HQ then a policy would have to be developed in which the CINC Veterinarian should have input to all plans being proposed which involve a

medical mission. That person then could decide whether veterinary assets should or could be used.

To overcome the problem of poor coordination with HN officials an interagency team needs to be deployed into the area before the missions are developed. This team should be tasked to determine the need from the grass roots with the HN country team. The CINC interagency team should contact the country MLO who, in concert with the HN officials, will identify a mission/need and bring it back to the CINC Surgeon. The CINC Staff, with input from their Veterinary Service officer, determines feasibility and resourcing. The VCO, on the CINC Surgeon's staff, should work with the J-5, MLO and the country team to develop the mission plan. The Army Veterinary Service should not determine how to use Veterinary personnel in the HCA/TCA arena but will be the manpower provider through USFORSCOM.

The ultimate solution to the whole problem of coordinating and conducting the HCA/TCA missions and/or the general veterinary and the public health/preventive medicine mission is to combine the veterinary preventive medicine, the food, and the water safety missions under one AMEDD Corps. The Preventive Medicine Officers duties and missions consistently overlap with the

Veterinary Corps duties and missions. Veterinary Officers and Preventive Medicine Officers both deal with trying to prevent the human population from contracting diseases through contact with animal vectors, consuming diseased animals as food or the unsanitary production of food. The Preventive Medicine and Veterinary Service missions overlap and are duplicated in many areas. Combining these functions under one leadership structure would provide an economy of force, and reduce much of the duplication of effort within their missions. All food safety, from the inspection of the raw ingredients, to the manufacture and preparation of food for consumption, should be overseen by one Corps. This would prevent a disjointed multi-focused approach to the food safety problem. The same goes for the other public health missions. Veterinarians and the preventive medicine officers traditionally work closely on zoonotic disease outbreaks that affect the human population. If the efforts to prevent these disease outbreaks from spreading to humans could be coordinated through one focused medical expertise then it would prevent further duplication of effort and redundancy. Coordinators of HCA/TCA missions would only have to deal with one leadership structure.

Conclusion

The Veterinary Service must develop leaders who are competent and able to determine who, what, where, and when to coordinate missions related to Humanitarian Assistance in the lesser developed nations. Veterinary Combat Health Service Support to HCA/TCA missions has not been included as an area of focus for Veterinarians in the past. HCA/TCA missions will continually be on the rise in the foreseeable future, therefore, Veterinary Service training must reflect this increasing part of the Veterinary mission. Veterinary units must be trained to perform these missions. All medical personnel need to be trained and made aware of the Veterinary Service's capabilities in this area. Emerging doctrine must include the Veterinary Service's unique expertise on red meat, poultry, eggs, and dairy product procurement, water potability, new food microbiological diagnostics, and equipment to improve food safety. The Veterinary Service's expertise in preventive medicine and public health must be exploited and the duplication and redundancy that exists now must be looked at very carefully. Medical planners

should be made aware of the Veterinary Service's expertise in domestic animal health care, its capability to diagnose foreign animal diseases, and to determine biological agent threats and the how these threats relate to the overall health improvement in the HN. The supported CINC surgeon should be made aware that the Veterinary Service can support missions that range from combat and information warfare to civic assistance and psychological warfare. It is of paramount importance that the Medical Planners and J3/J5 staffs are informed about veterinary resources and capabilities. These long term improvements and combining the preventive medicine and veterinary officers roles into a single leadership structure will ensure that HCA/TCA missions and the overall public health mission of the US Army Medical Department are successful and make their intended impact on the animal and human patients that it serves.

Endnotes

¹ Gary L. Stamp, "Army Veterinary Service Role in Low-Intensity Conflict," US Army War College Study Project AD-A 250 260 (2 June 1992)

² The White House, A National Security Strategy of Engagement and Enlargement (Washington: US Government Printing Office, 1996), 12.

³ Ibid., 15.

⁴ Ibid., 17.

⁵ Joint Chiefs of Staff, National Military Strategy of the United States of America (Washington: US Government Printing Office, 1995), 8.

⁶ Joint Chiefs of Staff, Doctrine of Joint Operations (Washington: US Government Printing Office, 1 February 1995) GL-7.

⁷ Joint Chiefs of Staff, Joint Doctrine for Military Operations Other Than War, (Washington: US Government Printing Office, 16 June 1995) III-5.

⁸ Joint Chiefs of Staff, Doctrine for Health Service Support in Joint Operations (Washington: US Government Printing Office, 26 April 1995) vii.

⁹ Ibid., I-11.

¹⁰ Department of the Army, Decisive Force: The Army in Theater Operations, Field Manual 100-7 (Washington: US Department of the Army, 31 May 1995), 8-2.

¹¹ Ibid., 8-9.

¹² Department of the Army, Army Operational Support, Field Manual 100-16 (Washington: US Department of the Army, 31 May 1995), 7-9.

¹³ COL Rudolph C. Barnes, Jr., "Civil Affairs: Diplomat-Warriors in Contemporary Conflict," Special Warfare (Winter 1991): 4.

¹⁴ COL Ronald M. Smith, "Civil Affairs in Support of the Unified Combatant Command: A Proposal for USCENTCOM", Special Warfare (Winter 1991): 21.

¹⁵ COL Charles Hardin Hood, "The United States Medical Department in Low-Intensity Conflict", (Military Medicine, 156, February 1991): 66.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ GEN George A. Joulwan, "Operations Other Than War: A CINC's Perspective," Military Review LXXIV (February 1994): 6.

²⁰ LTC William A. Ward USAR, LTC David G Bradford, USAF, Tsgt Jose A Ciceraro, "A Critical Part of Nation Assistance," Military Review LXXIII (March 1983): 36.

²¹ Ibid., 37.

²² Department of the Army, Medical Operations in Low Intensity Conflict Field Manual 8-42 (Washington: US Department of the Army, 4 December 1990), C-1.

²³ Ibid.

²⁴ Ty J. Vannieuwenhoven, "MEMORANDUM FOR RECORD, Trip Report - Caribbean Charm 96 (Trinidad and Tobago) 28 July - 10 August 1996" memorandum for USACOM, FORSCOM, 358th CA Brigade, and 248th Veterinary Detachment, Ft. Bragg, NC, 22 August 1996.

²⁵ MAJ John Poppe, "Initial After-Action Review Operation Green Cross 13 Aug - 1 Sep 1996," Memorandum for Commander, 62nd Medical Group, Ft. Lewis, WA, 1 September 1996.

²⁶ COL James R. Heil, "Trip Report - Bangladesh," Memorandum for USARPAC Surgeon, Ft. Shafter, HI, 2 May 1995.

²⁷ LTC Thomas N. Pool, "After Action Report Veterinary Readiness Exercise 'Baker Blade', Bangladesh, 20 - 30 August 1995.

²⁸ LTC Robert V. Adamson, "After Action Report, TCA Event #14, Bolivia", Memorandum for USSOUTHCOM Surgeon, Gorgas Army Hospital, Panama, 23 September 1996.

BIBLIOGRAPHY

Adamson, Robert V. "After Action Report, TCA Event #14, Bolivia." Memorandum for USSOUTHCOM Surgeon. Fort Hood Texas, 23 September 1996.

Allen, John. "Humanity in Humanitarian Operations: How Much Violence is Enough?" Marine Corps Gazette 79, no. 2 (February 1995): 14-21.

Barnes, Rudolph, Jr. "Civil Affairs: Diplomat-Warriors In Contemporary Conflict." Special Warfare (Winter 1991): 4-11.

Burrs, Al. "Combat Health Support Operations, Veterinary Support". draft concept for Medical Force 21. AMEDD Center and School, Ft. Sam Houston, TX, undated.

Chairman of the Joint Chiefs of Staff. National Military Strategy of the United States of America: A Strategy of Flexible and Selective Engagement. Washington: Signed by John M. Shalikashvili, 1995.

Clark, William H.H. The History of the United States Army Veterinary Corps in Vietnam. Roswell, GE: W.H. Wolfe Associates, Inc., undated.

De Pauw, John W. and George A. Luz, eds. Winning the Peace. New York: Praeger Publishers, 1992.

Dutton, Ron, USFORSCOM, staff veterinarian. Telephone interview by author, 21 November 1996.

Hanna, Gary D., Commander Veterinary Service Support District, Japan. "Protocol of Events for Operation Baker Blade II." Memorandum for the Defense Attaché, US Embassy, Dhaka, Bangladesh. Headquarters VSSD, Japan, 9 October 1996.

Heil, James R., "Operation Baker-Blade: Veterinary Personnel From Two Armies Meet." Journal of the American Veterinary Medical Association, 208, no. 6 (1996): 814 - 815.

Heil, James R., Commander Pacific Veterinary Service Support Area. "Trip Report - Bangladesh." memorandum for UASARPAC Surgeon. Headquarters, Pacific, VSSA, Ft. Shafter, HI, 2 May 1995.

Heil, James R., "Army Veterinarians Do Battle Against Disease." Journal of the American Veterinary Medical Association 209, no. 10 (1996): 1682.

Hood, Charles H., "The United States Army Medical Department In Low-Intensity Conflict." Military Medicine, 156 (February 1991): 64-67.

Joulwan, George A., "Operations Other Than War: A CINC's Perspective." Military Review 74, no. 2 (1994): 4-10.

Kostich, Ted O., Military Operations Other Than War: The Evolution of American Strategy and Doctrine for Peace Operations. Carlisle Barracks: U.S. Army War College, 15 April 1996.

Lynch, David J., "When The Mission Is Aid." Air Force Magazine 76, no. 2 (1993): 60-64.

Mitchell, Janice L., Special Operations Forces As Humanitarians? - You Bet!. Newport, Rhode Island: Naval War College, 22 February 1993.

Mitchell, Michael C. "Coordinating Humanitarian Assistance." Marine Corps Gazette 79, no. 2 (February 1995): 32-36.

President of the United States, A National Security Strategy of Engagement and Enlargement. Washington: The White House, February 1996.

Pool, Thomas N., Commander, Western Pacific Veterinary Service Support District. "Protocol of Events for Operation Baker - Blade." Memorandum for Defense Attaché, U.S. Embassy, Dhaka, Bangladesh. Tripler Army Medical Center, HI, 11 July 1995.

Pool, Thomas N., Commander, Western Pacific Veterinary Service Support District. "After Action Report Veterinary Readiness Exercise "Baker Blade", Bangladesh, 20-30 August 1995."

Memorandum for Commander, Pacific VSSA, Tripler Army Medical Center, HI, 24 October 1995.

Poppe, John I., Commander, 73rd Medical Detachment (VS). "Initial After Action Review Operation Green Cross 13 Aug-1 Sep 1996." Memorandum for Commander 62nd Medical Group, Ft. Lewis, WA. Headquarters, 73rd Medical Detachment (VS), Ft. Lewis, WA, 1 September 1996.

Scott, Thomas D., Deputy Chief of Staff for Operations and Plans, USARPAC. "JCS Exercise BALIKATAN 95(BK95) Humanitarian and Civic Assistance (H/CA) After Action Report." Memorandum for CINC USPACOM. Ft. Shafter, HI, 18 December 1995.

Smith, Robert, Staff Veterinarian 3rd U.S. Army. Telephone interview by author, 9 January 1997.

Smith, Ronald M. "Civil Affairs in Support of the Unified Combatant Command: A Proposal for USCENTCOM." Special Warfare (Winter 1991): 18-26.

Stamp, Gary L. Army Veterinary Service Role in Low-Intensity Conflict. Carlisle Barracks: Study Project U.S. Army War College, 6 April 1992.

Stanley, Otis, Staff Veterinarian USSOC. Telephone interview by author, 29 October 1996.

Taylor, DeWayne, Commander, 248th Medical Detachment. Telephone interview by author, 14 January 1997.

U.S. Department of the Army. Medical Operations in Low Intensity Conflict. Field Manual 8-42. Washington: U.S. Department of the Army, 4 December 1990.

U.S. Department of the Army. Operations. Field Manual 100-5. Washington: U.S. Department of the Army, 14 June 1993.

U.S. Department of the Army. Decisive Force: The Army in Theater Operations. Field Manual 100-7. Washington: U.S. Department of the Army, 31 May 1995.

- U.S. Department of the Army. Army Operational Support. Field Manual 100-16. Washington: U.S. Department of the Army, 31 May 1995.
- U.S. Department of the Army. Peace Operations. Field Manual 100-23. Washington: U.S. Department of the Army, 30 December 1994.
- U.S. Department of Defense. Doctrine for Joint Operations. Joint Publication 3-0. Washington: U.S. Department of Defense, 1 February 1995.
- U.S. Department of Defense. Draft Doctrine for Joint Special Operations. Joint Publication 3-05. Washington: U.S. Department of Defense, no date.
- U.S. Department of Defense. Joint Doctrine for Military Operations Other Than War. Joint Publication 3-07. Washington: U.S. Department of Defense, 16 June 1995.
- U.S. Department of Defense. Doctrine for Health Service Support in Joint Operations. Joint Publication 4-02. Washington: U.S. Department of Defense, 26 April 1995.
- U.S. Department of Defense. Doctrine for Planning Joint Operations. Joint Publication 5-0. Washington: U.S. Department of Defense, 13 April 1995.
- Ward, William A., David G. Bradford, and Jose A. Ciceraro. "A Critical Part of Nation Assistance." Military Review, 73, (March 1993): 36-40.